

Amendments to the Claims:

The following listing of claims will replace all prior versions and/or listings of claims in the application.

Listing of Claims:

1-65. (Canceled)

66. (Currently amended): A method of assessing fraud potential using a computer system, comprising:

retrieving request data from a memory of the computer system;

providing at least two fraud potential indicators for a request to a financial institution corresponding to a particular accident, a particular financial transaction, or a particular medical bill, wherein a first fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill is assessed using a first fraud potential detection technique and a second fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill is assessed using a second fraud potential detection technique, wherein the first fraud potential detection technique is different from the second fraud potential detection technique, and wherein at least one of the assessment using the first fraud potential detection technique and the assessment using second fraud potential detection technique is based at least in part on the request data retrieved from the memory of the computer system;

displaying a score or a rank for at least the first and second fraud potential indicators simultaneously in a graphical user interface of the computer system;

automatically determining, on the computer system, a weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill, wherein the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill combines at least the first fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill assessed using the first fraud technique and the second fraud

potential indicator assessed for the request corresponding to the particular accident, financial transaction, or medical bill using the second fraud technique, wherein, in combining the first fraud potential indicator and the second fraud potential indicator, the first fraud potential indicator is weighted differently from the second fraud potential indicator; and

referring the request corresponding to the particular accident, financial transaction, or medical bill for review if the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill exceeds a threshold value, wherein the threshold value is adjusted to control the number of requests with the weighted, combined fraud potential indicator exceeding the threshold value.

67. (Previously presented): The method of claim 66, wherein clicking on at least one of the displayed fraud potential indicators for the request displays information about the request.

68. (Canceled)

69. (Previously presented): The method of claim 66, wherein the request is an insurance claim, the method further comprising displaying a plurality of insurance claims, wherein the insurance claims are organized into lists according to referred claims, assigned claims, and rejected claims, and wherein selecting a graphical component respective to referred claims brings up a list of referred claims, wherein selecting a graphical component respective to assigned claims brings up a list of assigned claims, and wherein selecting a graphical component respective to rejected claims brings up a list of rejected claims.

70. (Previously presented): The method of claim 69, further comprising changing a criterion about which claims to display by selecting a filter graphical component.

71. (Cancelled)

72. (Cancelled)

73. (Original): The method of claim 66, wherein at least one fraud potential detection technique comprises predictive modeling.

74. (Original): The method of claim 66, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

75. (Original): The method of claim 66, wherein at least one fraud potential detection technique comprises assessing request data using at least one business rule.

76. (Currently amended): A system, comprising:

a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

assess at least two fraud potential indicators for a request to a financial institution corresponding to a particular accident, a particular financial transaction, or a particular medical bill from the memory, wherein a first fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill is assessed using a first fraud potential detection technique and a second fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill is assessed using a second fraud potential detection technique, wherein the first fraud potential detection technique is different from the second fraud potential detection technique;

display a score or a rank for at least the first and second fraud potential indicators simultaneously in a graphical user interface coupled to the CPU;

automatically determine a weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill, wherein the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill combines at least the first fraud potential indicator assessed for the request corresponding to the particular accident,

financial transaction, or medical bill using the first fraud technique and the second fraud potential indicator assessed for the request corresponding to the particular accident, financial transaction, or medical bill using the second fraud technique, wherein, in combining the first fraud potential indicator and the second fraud potential indicator, the first fraud potential indicator is weighted differently from the second fraud potential indicator; and

refer the request corresponding to the particular accident, financial transaction, or medical bill for review if the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill exceeds a threshold value, wherein the threshold value is adjusted to control the number of requests with the weighted, combined fraud potential indicator exceeding the threshold value.

77. (Original): The system of claim 76, wherein at least one fraud potential detection technique comprises predictive modeling.

78. (Original): The system of claim 76, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

79. (Cancelled).

80. (Previously presented): A computer-readable medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

assessing at least two fraud potential indicators for a request to a financial institution corresponding to a particular accident, a particular financial transaction, or a particular medical bill, wherein a first fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill is assessed using a first fraud potential detection technique and a second fraud potential indicator is assessed for the request corresponding to the particular accident, financial transaction, or medical bill using a second fraud potential detection technique, wherein the first fraud potential detection technique is different from the second fraud potential detection technique;

displaying a score or a rank for at least the first and second fraud potential indicators simultaneously in a graphical user interface;

automatically determining a weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill, wherein the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill combines at least the first fraud potential indicator assessed for the request corresponding to the particular accident, financial transaction, or medical bill using the first fraud technique and the second fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill assessed using the second fraud technique, wherein, in combining the first fraud potential indicator and the second fraud potential indicator, the first fraud potential indicator is weighted differently from the second fraud potential indicator; and

referring the request for the request corresponding to the particular accident, financial transaction, or medical bill for review if the weighted, combined fraud potential indicator for the request corresponding to the particular accident, financial transaction, or medical bill exceeds a threshold value, wherein the threshold value is adjusted to control the number of requests with the weighted, combined fraud potential indicator exceeding the threshold value.

81. (Previously presented): The computer-readable medium of claim 80, wherein at least one fraud potential detection technique comprises predictive modeling.

82. (Previously presented): The computer-readable medium of claim 80, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

83-133. (Cancelled)

134. (Currently amended): A method of assessing fraud potential using a computer system, comprising:

retrieving request data from a memory of the computer system;

assessing at least two fraud potential indicators for an insurance claim, wherein a first

fraud potential indicator for the insurance claim is assessed using a first type of fraud potential detection, and wherein a second fraud potential indicator for the insurance claim is assessed using a second type of fraud potential detection, and wherein the types of fraud potential detection are based on an identity search engine, a predictive model engine, or a business rule engine, and wherein the first type of fraud potential detection is different from the second type of fraud potential detection, and wherein at least one of the assessment using the first fraud potential detection technique and the assessment using second fraud potential detection technique is based at least in part on the request data retrieved from the memory of the computer system;

simultaneously displaying, in a graphical user interface of the computer system, information about the insurance claim including identifying information for the claim and a score or a rank for at least the first and second fraud potential indicators for the insurance claim; and automatically determining, on the computer system, a weighted, combined fraud potential indicator for the insurance claim that combines at least the first fraud potential indicator for the insurance claim assessed using the first type of fraud detection and the second fraud potential indicator for the insurance claim assessed using the second type of fraud detection, wherein, in combining the first fraud potential indicator and the second fraud potential indicator, the first fraud potential indicator is weighted differently from the second fraud potential indicator; and

referring the insurance claim for review if the weighted, combined fraud potential indicator for the insurance claim exceeds a threshold value, wherein the threshold value is adjusted to control the number of insurance claims with the weighted, combined fraud potential indicator exceeding the threshold value.

135-158. (Cancelled)

159. (Previously presented): The method of claim 134, wherein at least one engine used to assign at least one of the first or second fraud potential indicators is a predictive modeling engine, and wherein displaying the score or rank for the first and second fraud potential indicator comprises displaying criteria used by the predictive modeling search engine to assign the fraud potential indicator based on the predictive modeling search engine.

160. (Previously presented): The method of claim 134, wherein at least one engine used to assign at least one of the first or second fraud potential indicators is an identity search engine, and wherein displaying the score or rank for the first and second fraud potential indicator comprises displaying information on at least one match used by the identity search engine to assign the fraud potential indicator based on the identity search engine.

161. (Previously presented): The method of claim 134, wherein at least one engine used to assign at least one of the first or second fraud potential indicators is a business rule engine, and wherein displaying the score or rank for the first and second fraud potential indicator comprises displaying information on at least one match used by the business rule engine to assign the fraud potential indicator based on the business rule engine.

162. (Previously presented): The method of 134, wherein the first type of fraud potential detection comprises a first predictive model and the second type of fraud potential detection comprises a second predictive model.

163. (Previously presented): The method of 134, wherein the first type of fraud potential detection comprises a predictive model and the second type of fraud potential detection comprises a business rules engine.

164. (Previously presented): The method of claim 66, wherein at least one of the requests corresponds to an insurance claim for a particular accident, wherein determining at least one of the fraud potential indicators comprises applying one or more business rules to the at least one request corresponding to an insurance claim for a particular accident; wherein at least of the one business rules applies a loss type multiplier based on at least one loss type associated with the request, wherein the value of the loss type multiplier depends on a tendency for fraud associated with a request type of the request.

165. (Previously presented): The method of claim 164, wherein the value of the loss type

multiplier is larger for requests that are unusual or difficult to verify.

166. (Previously presented): The method of claim 66, wherein at least one of the requests corresponds to an insurance claim for a particular accident, wherein determining at least one of the fraud potential indicators comprises applying one or more business rules to the at least one request corresponding to an insurance claim for a particular accident; wherein at least one of the one business rules applies an injury type multiplier based on at least one injury type associated with the request, wherein the value of the injury type multiplier depends on a tendency for fraud associated with at least one injury type associated with the request.

167. (Previously presented): The method of claim 166, wherein the injury type multiplier comprises the sum of injury type multipliers for two or more injury types associated with the request.